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## REQUEST FOR CONTINUED EXAMINATION (RCE) TRANSMITTAL

Address for Commissioner for Patents P.O. Box 1460 Alexandrie, VA 22313-1460

Application Number	09/837,550
Filing Date	April 19, 2001
First Named Inventor	Colin l'ANSON
Art Unit	3627
Examiner Name	J. Kramer
Attorney Docket Number	1509-155

This is a Request for Continued Examination (RCE) under 37 C.F.R. §1.114 of the above-identified application. Request for Continued Examination (RCE) practice under 37 C.F.R. §1.114 does not apply to any utility or plant application filed prior to June 8, 1993, or to any design application. See instruction Sheet for RCEs (not to be submitted to the USPTO) on page 2.

1. Submission	n required under 37 C.F.R. §1.114	
a. 🔲 Pre	viously submitted  Consider the amendment(s)/reply under 37 C.F.R. \$1.116 previously filed on	
ii.	Consider the arguments in the Appeal Brief or Reply Brief previously filed on Other:	
ı. 🔯	Amendment/Reply iii.   Information Disclosure Statement (IDS)  Affidavit(s)/Declaration(s) iv.   Other:	
2. Miscellaneo	ous .	
a D Sust	pension of action on the above-identified application is requested under 37 C.F.R. §1.103(c) for	
b. Cothe	momns. (Period of suspension shall not exceed 2 months: Fee mories 47 C.E.B. 54 470 months	
3. Fees	The RCE fee under 37 C.F.R. §1.17(e) is required by 37 C.F.R. §1.114 when the RCE is filed	
The RCE fee under 37 C.F.R. §1.17(e) is required by \$7 C.F.R. §1.114 when the RCE is fied.  a.   The Director is hereby authorized to charge any deficiency in the following fees, or credit any OIPE/VED  i.   RCE fee required under 37 C.F.R. § 1.17(e) - \$790.00		
i. 🗵	RCE fee required under 37 C.F.R. § 1.17(e) - \$790.00	
HI	Extension of time fee (37 C.F.R. § 1.17(e) - \$790.00  Extension of time fee (37 C.F.R. §§1.136 and 1.17) - \$  Other:  k No	
Chec	k No	
Payment by Credit Card Form PTO-2038 enclosed.  WARNING: Information on this form may become public. Credit card information should not be included on this form.  Provide credit card information and authorization on PTO-2038.		
SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT REQUIRED		
Name (Print/Type)	Aller M. Lowe	
Signature	William M. Jante Date August 8, 2005	
CERTIFICATE OF MAILING OF FEMALES		
I hereby certify that this correspondence is being deposited with the United States Postal Service with sufficient postage as first class mall in Irademark Office on the date shown below.  Name (PrineType)  Roseanna Kaplan		
Nama (Print/Type)	Roseanna Kaplan	
Signature	Br / / Date August 8, 2005	
EEDNOETO NONNONAS NA		

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